

"Lost Potential": The Alarming Consequences of Drug Abuse among Youths in Malete Community, Moro Local Government Area, Kwara State

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Abstract

Drug abuse among youths stands as a mounting concern, casting a long shadow over both individual well-being and community health. This study critically investigates the impact of drug abuse within the Malete Community of Moro Local Government Area, Kwara State, Nigeria. It probes into demographic influences, uncovers the prevalence and root causes of drug use, scrutinizes its far-reaching consequences, and advances strategic recommendations to stem the tide of this pressing social menace. A cross-sectional survey was conducted among 450 youths aged 15-29 years residing in Malete Community. Data were collected using structured questionnaires and analyzed using descriptive and inferential statistics, including chi-square tests to assess associations between variables. The majority of respondents were aged 21-25 years (49.3%), predominantly female (52.9%), and of Yoruba ethnicity (68.2%). A high prevalence of drug abuse was reported, with 38.7% of respondents engaging in substance use. The most commonly abused substances were alcohol (25.3%), Colorado (19.5%), and cigarettes (10.9%). Key determinants of drug abuse included negative peer influence (83.3%), lack of parental care (69.6%), and easy access to drugs (72.9%). Adverse effects of drug abuse included physical health issues (55.1%), poor academic performance (54.9%), financial difficulties (54.0%), and increased youth crime (52.4%). Strategies to curb drug abuse emphasized counselling services (44.7%), youth empowerment (44.4%), and recreational activities (64.9%).

Drug abuse among youths in Malete Community is influenced by socioeconomic and cultural factors, leading to significant health, academic, and social consequences. The study recommends the implementation of comprehensive counselling services, youth empowerment programs, family support initiatives, and increased recreational opportunities to address and prevent drug abuse among youths in Malete Community.

Keywords: Drug abuse, Youth, Determinants, Effects, Mitigation strategies, Malete Community, Nigeria.

Introduction

Drug abuse, misuse, and addiction pose significant global public health challenges, with severe implications for individuals, families, and society at large (WHO, 2018). Addiction, now recognized as a neuropsychiatric condition, is driven by complex biological, psychological, and socio-environmental factors (Ahmed et al., 2022). Youth are particularly vulnerable, as early drug use is strongly associated with long-term mental health issues, dependence, and social consequences (Welch, 2015; Poudel & Gautam, 2017). The UNODC (2019) estimates that 271 million people worldwide used drugs in the past year, with 35 million suffering from drug use disorders and over 585,000 deaths attributed to drug use in 2017.

Commonly abused substances include alcohol, cannabis, opioids, stimulants, and prescription drugs (NIDA, 2016). Risk factors among adolescents include peer pressure, poor parenting, poverty, lack of opportunities, and access to drugs (Nawi et al., 2021). Substance abuse among youth has been linked to poor academic performance, indiscipline, mental illness, and social deviance (Riva et al., 2018; Berhane et al., 2020).

In Nigeria, drug abuse remains a growing concern with far-reaching impacts on education, health, public safety, and economic development (Daley et al., 2020). However, limited localized research exists on its underlying causes and consequences. Therefore, this study investigates the effects of drug abuse among youth in Malete Community, Moro Local Government Area, Kwara State.

Methodology

Research Design

The study was descriptive cross-sectional study using quantitative method of data collection.

Target Population

The study population consisted of young people aged 15 to 29 years in Malete, Moro Local Government Area, Kwara State.

Study Area

This study was conducted in Malete Community, Moro LGA, Kwara State, Nigeria, with a population of 108,792 (NPC, 2016). Malete Community was selected as the study location due to its high concentration of youths, students, and mixed residential settlements.

Sample Size and Participant Recruitment

The sample size was calculated based on a previously reported prevalence of psychoactive substance use in previous study of 56% (Idris & Sambo, 2015) done in Zaria, at a 95% confidence level and a 5% margin of error. To accommodate possible non-response or incomplete data, a 10% allowance was added, 450 questionnaires was distributed to improve the power of the study. A multistage sampling technique was used for this study. First, households in Malete community were selected through systematic random sampling. A random starting point was identified using the grid method, and a sampling interval was determined from the community's housing list. Households were then selected at every kth interval. Within each selected household, eligible youths aged 15–29 years were identified, and where more than one eligible respondent was present, simple balloting

was used to randomly select one. This approach combined systematic sampling of households with random selection of individuals.

Method of Data Collection and Data Analysis

A semi-structured, interviewer-administered questionnaire was used to collect data on the determinants of drug abuse among adolescents and young adults in Malete, Moro LGA, Kwara State. The questionnaire consisted of five sections. Section A captured respondents' socio-demographic characteristics. Section B collected information on the prevalence of drug abuse among youths in Malete community. Section C focused on determinants of drug abuse, while Section D assessed its effects on adolescents and young adults. Section E gathered data on measures for curbing drug abuse among youths in Malete community. Four trained research assistants conducted the fieldwork, following a pre- and post-training assessment to ensure understanding of the study objectives and competence in data collection. Data were entered, cleaned, and analyzed using SPSS version 26. Descriptive statistics (tables, graphs, charts) summarized respondent characteristics, while Chi-square tests assessed associations between drug abuse effects and demographic factors, with significance set at $p < 0.05$.

Ethical Considerations

Ethical approval was obtained from the Ethical Review Committee of Kwara State University, Malete, and written permission was granted by the Department of Public Health. Verbal informed consent was obtained from participants after explaining the voluntary nature of the study and their right to withdraw without consequences. Anonymity and confidentiality were ensured, as no names were collected, and all information was handled securely throughout the study.

Results

Table 1: Socio-demographic characteristics of respondents N = 450

Variables Percentage	Frequency	
Age group		
≤ 20	117	26.0
21 – 25	222	49.3
≥ 26	111	24.7
Mean ± SD	23 ± 4.6	
Gender		
Male	212	47.1
Female	238	52.9
Tribe		
Yoruba	307	68.2

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Hausa	58	12.9
Igbo	63	14.0
Others	22	4.9
Religion		
Islam	232	51.6
Christianity	212	47.1
Traditional	6	1.3
Marital status		
Single	371	82.4
Married	79	17.6
Occupation		
Civil Servant	29	6.4
Personal business	192	42.7
Housewife	13	2.9
Farming	26	5.8
Artisan	6	1.3
Unemployed	184	40.9
Average monthly salary 10 000		
and below	181	40.2
10 001 – 50 000	121	26.9
50 001 and above	148	32.9
Level of Education		
None	50	11.1
Primary	7	1.6
Secondary	76	16.9
Tertiary	317	70.4

Nearly half of the respondents (49.3%) were aged 21–25, with a mean age of 23 ± 4.6 years. Females made up 52.9% of the sample, while 47.1% were males. The majority were Yoruba (68.2%), followed by Igbo (14.0%) and Hausa (12.9%). Most practiced Islam (51.6%) or Christianity (47.1%), and a small fraction (1.3%) followed traditional religion. A significant majority were single (82.4%) and unemployed (40.9%), while 42.7% ran personal businesses. In terms of income, 40.2% earned $\leq 10,000$ or less monthly, and 32.9% earned between $\leq 10,001$ – $\leq 50,000$. Most of the respondents (70.4%) have Tertiary education as their highest qualification, 16.9% and 1.6% of the respondents have secondary and primary education respectively while 11.1% of the respondents had no formal education.

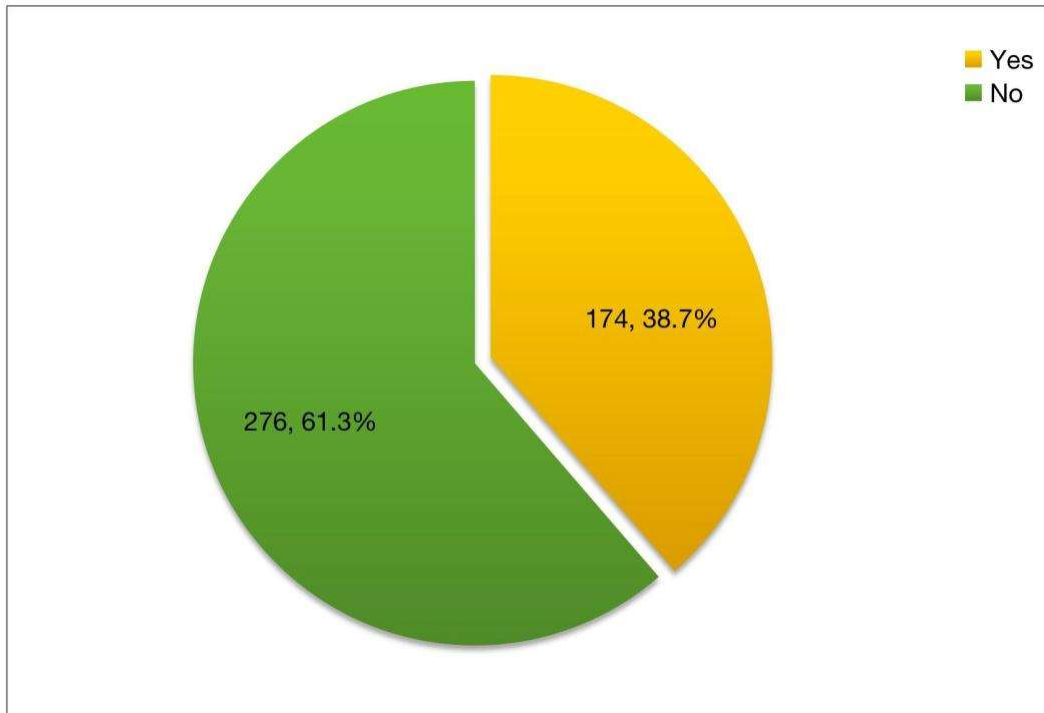


Figure 4.2: Engaged in drug abuse

About 38.7% of the respondents identified that they have engaged in drug abuse while 61.3% of the respondents have not engaged in drug abuse.

Table 2: Prevalence on drug abuse

Response	Frequency	Percentage
Drugs abused		n = 174
Paracetamol	11	6.3
Postinor	8	4.6
Cigarette	19	10.9
Diclofenac	5	2.9
Caffeine	8	4.6
Alcohol	44	25.3
Solution	1	0.6
Cocaine	4	2.3
Kolanut	2	1.1
Marijuana	11	6.3
Tramadol	13	7.5
Colorado	34	19.5

Codeine Berylin	5	2.9
Rephnol	4	2.3
Panadol	5	2.9
Feels better when drug is not taken		
Yes	74	42.5
No	100	57.5
Frequency of drug abuse		
Hourly	17	9.8
Daily	69	39.7
Weekly	88	50.6

On the most abused drugs, 25.3% and 19.5% noted that alcohol and Colorado as the most abused drugs respectively. About 57.5% of the respondents noted that they did not feel better when they did not take drugs and 50.6% of the respondents noted that they abuse drugs every week.

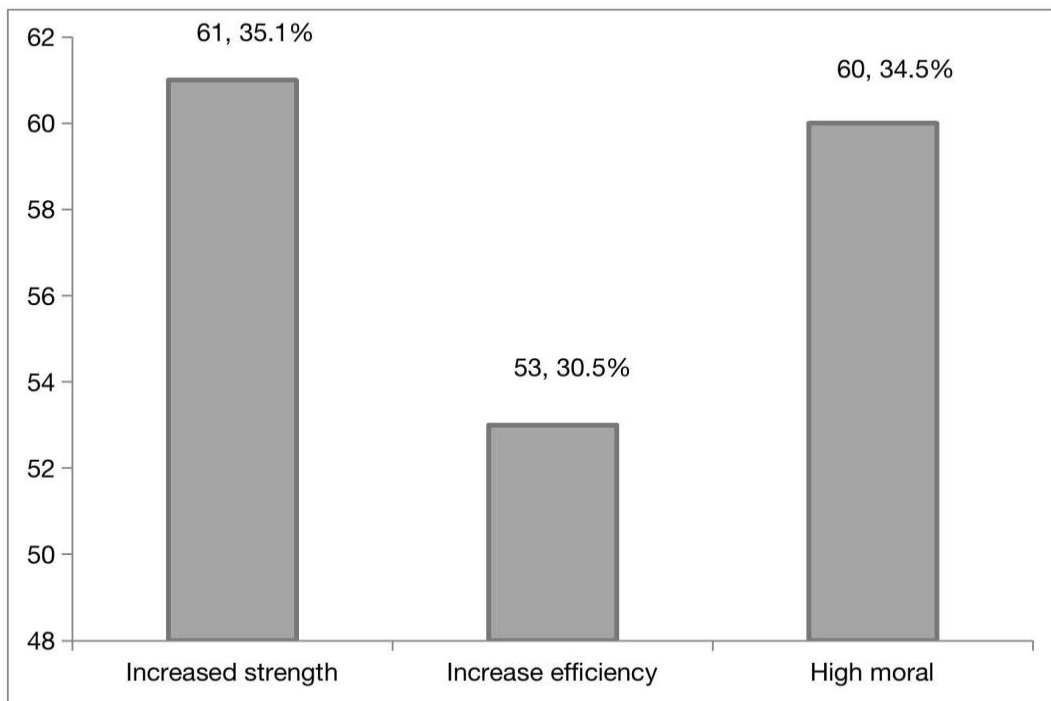


Figure 4.3: Feelings after taking drugs

One-third of the respondents (35.1%) noted that they experienced increased strength after taking drugs, and 34.5% and 30.5% noted that they experienced high moral and increased efficiency respectively.

Table 3: Determinants of drug abuse

Response	Agree (%)	Disagree (%)
Negative peer influence	375 (83.3)	75 (16.7)
Lack of parental care	313 (69.6)	137 (30.4)
Frustration and emotional stress	342 (76.0)	108 (24.0)
Availability and access to drugs	328 (72.9)	122 (27.1)
Mass media representation of drugs	276 (61.3)	174 (38.7)
Experimental curiosity	339 (75.3)	111 (24.7)
The need to work for long hours	320 (71.1)	130 (28.9)
Low self esteem	289 (64.2)	161 (35.8)
Poor family relationship	279 (62.0)	171 (38.0)
Rejection from others	282 (62.7)	168 (37.3)
Family conflict	285 (63.3)	165 (36.7)
Low socio-economic status	262 (58.2)	188 (41.8)
Poor examination grades	260 (57.8)	190 (42.2)
Parental drug use	301 (66.9)	149 (33.1)
Depression	345 (76.7)	105 (23.3)
Frustration and emotional stress	328 (72.9)	122 (27.1)
Unemployment	287 (63.8)	163 (36.2)
Means to forget worries and problems temporarily	332 (73.8)	118 (26.2)

About 83.3% and 76.0% of the respondents noted that negative peer influence and frustration and emotional stress were major factors that influence drug abuse respectively. Also, 76.7% and 71.1% of the respondents noted that depression and the need to work for long hours as the factors that influence drug abuse respectively. In addition, 72.9% and 73.8% of the respondents identified that frustration and emotional stress and means to forget worries and problems temporarily are determinants of drug abuse respectively.

Table 4: Effect of drug abuse

Response	Frequency	Percentage
Physical problem	248	55.1
Poor academic performance	247	54.9
Poor finance	243	54.0
Depression and stress	171	38.0
Lack of attention	239	53.1

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Increase in youth crime	236	52.4
Increase in school drop-out	251	55.8
Increase in diseases	271	60.2
Mental disability and /or disorder	188	41.8
Decaying moral values	278	61.8
Increase in poverty due to loss of job	269	59.8
Accidents which lead to injuries or death	265	58.9

On the effect of drug abuse, 61.8% and 60.2% of the respondents noted that decaying moral values and an increase in diseases are effects of drug abuse respectively. Also, 52.4% and 54.9% of the respondents identified that an increase in youth crime and poor academic performance are effects of drug abuse respectively. In addition, 58.9% and 41.8% of the respondents claimed an increase in accidents which lead to injuries or death and mental disability and /or disorder are effects of drug abuse respectively

Table 5: Ways of curbing drug abuse

Response	Frequency	Percentage
Adequate counselling services	201	44.7
Youth empowerment	200	44.4
Good family upbringing	188	41.8
Parental monitoring and supervision	204	45.3
Proper education on the effect of drug abuse	173	38.4
Recreational activities	292	64.9

On the means of curbing drug abuse, 64.9% and 45.3% of the respondents identified that the provision of recreational activities and parental monitoring and supervision were measures of curbing drug abuse respectively. Also, 44.7% and 44.4% of the respondents claimed that adequate counselling service and youth empowerment help in curbing drug abuse respectively.

Table 6: Association between socio-demographics and prevalence of drug abuse

Variables p-value	Prevalence of drug abuse		χ^2	
	Yes (%)	No (%)		
Age group			25.077	0.001
≤20	31 (26.5)	86 (73.5)		
21 – 25	79 (35.6)	143 (64.4)		
≥26	64 (57.7)	47 (42.3)		
Gender			40.888	0.001
Male	125 (52.5)	113 (47.5)		
Female	49 (23.1)	163 (76.9)		
Tribe			9.139	0.027
Yoruba	108 (35.2)	199 (64.8)		
Hausa	32 (55.2)	26 (44.8)		
Igbo	27 (42.9)	36 (57.1)		
Others	7 (31.8)	15 (68.2)		
Religion			7.124 ^f	0.341
Islam	96 (41.4)	136 (58.6)		
Christianity	75 (35.4)	137 (64.6)		
Traditional	3 (50.0)	3 (50.0)		
Marital status			3.596	0.058
Single	136 (36.7)	235 (63.3)		
Married	38 (48.1)	41 (51.9)		
Education status			7.162 ^f	0.062
None	11 (22.0)	39 (78.0)		
Primary education	29 (38.2)	47 (61.8)		
Secondary education	131 (41.3)	186 (58.7)		
Tertiary education	3 (42.9)	4 (57.1)		
Occupation			11.717 ^f	0.042
Civil servant	6 (20.7)	23 (79.3)		
Personal business	79 (41.1)	113 (58.9)		
Housewife	5 (38.5)	8 (61.5)		
Farming	15 (57.7)	11 (42.3)		
Artisan	4 (66.7)	2 (33.3)		
Unemployed	65 (35.3)	119 (64.7)		
Average monthly salary			28.471	0.001
10 000 and below	24 (19.4)	97 (80.2)		
10 001 – 50 000	91 (50.3)	90 (49.7)		
50 001 and above	59 (39.9)	89 (60.1)		

f – Fisher's exact value

The association between socio-demographics and the prevalence of drug abuse was statistically significant with the age group, gender and occupation of the respondents.

Discussion

This study assessed the effects and determinants of drug abuse among youths in Malete Community, Moro LGA, Kwara State. The majority of respondents were aged 21–25 (49.3%), predominantly female (52.9%), and mostly of Yoruba ethnicity (68.2%). A significant portion were single (82.4%), unemployed (40.9%), and reported low-income levels—factors consistently associated with higher vulnerability to substance abuse, particularly in low-resource settings (Mokwena & Huma, 2014). Interestingly, although 70.4% had attained tertiary education, this did not appear to buffer against drug involvement, likely due to socio-environmental influences and peer networks (Hanson et al., 2018).

A concerning 38.7% of the participants admitted to engaging in drug abuse. Alcohol (25.3%), synthetic cannabinoids such as Colorado (19.5%), and cigarettes (10.9%) were the most frequently abused substances. These findings align with recent patterns of increasing youth access to both legal and illegal substances (Alzu'bi et al., 2024). Moreover, drug use frequency was notably high: 50.6% reported weekly usage while 39.7% engaged in daily intake—highlighting the habitual and potentially addictive nature of their consumption. Withdrawal symptoms were experienced by 57.5%, pointing to physiological dependence. Reported motivations—such as perceived increased strength (35.1%), heightened morale (34.5%), and improved efficiency (30.5%)—echo similar findings linking stimulant-type drugs to perceived performance enhancement (NIDA, 2020).

Age was significantly associated with drug abuse ($\chi^2 = 25.077$, $p < 0.001$), with older youths showing higher prevalence. This trend may reflect greater autonomy, peer exposure, and stressors as youths transition into adulthood. Major determinants cited included peer pressure (83.3%), easy access to drugs (72.9%), inadequate parental supervision (69.6%), and curiosity (75.3%). These factors mirror existing literature on psychosocial and environmental triggers of drug initiation and escalation among youths (McCabe et al., 2020; Lin et al., 2023).

The effects of drug abuse spanned physical, psychological, academic, and societal domains. Health complications were reported by 55.1% of users, while 54.9% experienced poor academic performance and 54.0% reported financial strain. Emotional disturbances such as depression and stress affected 38.0%, while 52.4% associated drug use with increased youth involvement in crime. Further consequences included school dropout (55.8%), moral degradation (61.8%), risky sexual behavior and disease transmission (60.2%), and a high incidence of accidents (58.9%). These findings underscore the multifaceted and destructive impact of substance abuse among youths (UNODC, 2020; Volkow et al., 2016).

To mitigate these challenges, respondents proposed a range of prevention strategies, including engagement in recreational activities (64.9%), access to professional counselling (44.7%), youth empowerment programs (44.4%), stronger family support systems (41.8%), and structured drug education (38.4%). These strategies resonate with global evidence-based approaches for substance abuse prevention, which emphasize holistic interventions combining psychosocial support, community engagement, and targeted education (Botvin et al., 2019; Kaminer & Burlison, 2019).

Conclusion and Recommendations

The study found a notable prevalence of drug abuse among youths in Malete Community, with

alcohol, Colorado, and cigarettes being the most commonly abused substances. Reported consequences included poor academic performance, health and mental issues, financial hardship, crime, and school dropout. Major contributing factors were peer pressure, lack of parental care, easy drug access, and curiosity. Suggested interventions included counselling, youth empowerment, family support, drug education, and recreational activities. The study recommends school and community-based programs to raise awareness, build resilience, and help youths resist peer pressure.

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